Septic Records Search Request

Date of Request: _____

Name: _____

Mailing Address: _____

_____

Phone Number(s): _____

Email address: _____

Property Address: _____

_____

Subdivision Name and Lot #: _____

Names of all previous owners (required):_____

_____

_____

_____

Reason For Request: _____

_____

***Processing of request takes a <u>minimum of 2 business days</u> from date of receipt in office.*

Additional pages may be obtained for a fee of 25 cents per page. We will notify you if there are any additional charges due.

Please mail your request and the $5.00 fee to Baldwin County Health Department, P O Drawer 369, Robertsdale, AL 36567.

_____

Health Dept Use:
Fee Paid Y_____N_____ Add'l Fee Due? Y_____N_____ Amt Add'l Fee: $_____
Paperwork found? Y____N____Date completed: _____Emp Initials: _____